



**SHORELINE SCHOOL DISTRICT #412**  
**Instruction Office**  
 18560 1<sup>st</sup> Avenue N.E., Shoreline, WA 98155  
 206.393.4365

**APPLICATION FOR RESIDENT RELEASE FROM SHORELINE SCHOOL DISTRICT**

Student's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Current Grade \_\_\_\_\_

Address \_\_\_\_\_ Apt. No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**Name of School Requesting to Attend:**

**Name of Current/Last School Attended:**

\_\_\_\_\_ Grade \_\_\_\_\_ \_\_\_\_\_ Grade \_\_\_\_\_

School District \_\_\_\_\_ School Year \_\_\_\_\_ School District \_\_\_\_\_ School Year \_\_\_\_\_

***Identify the specific reason for this transfer request (check appropriate box):***

- |  |                                      |   |
|--|--------------------------------------|---|
| <input type="checkbox"/> Continuation  | <input type="checkbox"/> Educational | <input type="checkbox"/> Safety                       |
| <input type="checkbox"/> Closer to parent/guardian's work                              | <input type="checkbox"/> Financial   | <input type="checkbox"/> Other (please explain below) |
| <input type="checkbox"/> Location of childcare   | <input type="checkbox"/> Health      |   |
| <input type="checkbox"/> Special hardship/detrimental condition (please explain below) |                                      |   |

Comments \_\_\_\_\_

Has your child been referred to or currently enrolled in any special education program?  Yes  No  In Process

Has your child been suspended/expelled from school?  Yes  No

It is understood that I/we, as parents/guardians, are responsible for our student's daily transportation to and from school. I/we also understand that if our student is accepted, such acceptance is for one school year only and 1.0 FTE. I/we must reapply in order for the above-named student to attend in future years. Lastly, I/we understand that our application may be denied or approval revoked if I/we have provided Shoreline School District with false or inaccurate information. (Please see reverse side for policy.) **Please note:** Students will only be released for a full year or full semester and not for part-time attendance.

Signature of Parent/Legal Guardian or Student (if 18 years or older) \_\_\_\_\_

Print or type Parent/Legal Guardian Name \_\_\_\_\_ Date \_\_\_\_\_

**RESIDENT SCHOOL DISTRICT AGREEMENT TO WAIVE ATTENDANCE –District Use Only**

The Shoreline School District hereby releases said student and waives all attendance and state apportionment claims for the said student for the \_\_\_\_\_ school year.

Signature of District Designee \_\_\_\_\_ Date \_\_\_\_\_  
*The Shoreline School District does not assume financial responsibility for student's educational cost.*

**NON-RESIDENT SCHOOL DISTRICT OR COLLEGE AGREEMENT TO ACCEPT STUDENT –District Use Only**

Approved Approval is for one school year (\_\_\_\_\_) only and contingent upon the student's appropriate school behavior and continuous school attendance.

Denied Reason for denial: \_\_\_\_\_

Signature of District Designee \_\_\_\_\_ Date \_\_\_\_\_